

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030560

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7176

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.**

b. COUNTY **St. Louis**

c. CITY
OR
TOWN **Florissant**

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION **DePaul Hospital**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1160 Mullanphy

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

RHEA

V.

STUKHEIL

July 7th 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/29/1915

9. AGE (last birthday)

48

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Assembler

10b. KIND OF BUSINESS OR INDUSTRY

Vickers Elec. Co.

11. BIRTHPLACE (City and state or country)

St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Frank Singen

13b. MOTHER'S MAIDEN NAME

Rhea Bell

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)

no

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mrs. Theresa Stukheil 1160 Mullanphy

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Respiratory Failure
Subarachnoid Hemorrhage
330X**

INTERVAL BETWEEN ONSET AND DEATH

6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **July 1, 1963** to **July 7, 1963** and last saw her alive on **July 7, 1963**
Death occurred at **7:40 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Francis V. Nash, M.D.

(Degree or title)

22b. ADDRESS

100 North Euclid

22c. DATE SIGNED

7-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7/11/63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis Mo.

(State)

24. FUNERAL DIRECTOR

JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.

ADDRESS

25. DATE REC'D. BY LOCAL REG.

JUL 10 1963

26. REGISTRAR'S SIGNATURE

Coat Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

ITEM NO.

VS 300

Rev. 4/59

1

2 40138

3

4 1

5 2

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12 59-0

13

59

John Mack
100 St. to include
0-1

STATEMENT BY LICENSED EMBALMER

0-92

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Ruster

Licensed Embalmer No. 3980

P. O. Address St. Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.